STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345507	A. BUILDING _____ B. WING _____	C 02/25/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AUTUMN CARE OF MYRTLE GROVE	5725 CAROLINA BEACH ROAD WILMINGTON, NC 28412

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS A complaint investigation survey was conducted from 02/23/22 through 02/25/22. One of the 4 complaint allegations was substantiated resulting in deficiency. Event ID# LZFQ11. The 2567 was amended to reflect changes as result of management review.	F 000		
F 656 SS=D	Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1) §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following - (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6). (iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record. (iv)In consultation with the resident and the	F 656		3/15/22

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 03/15/2022

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F 656	Continued From page 1 resident's representative(s)- (A) The resident's goals for admission and desired outcomes. (B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose. (C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section. This REQUIREMENT is not met as evidenced by: Based on record review, and staff interviews, the facility failed to implement a resident ' s (Resident #3) comprehensive care plan to utilize a "sit to stand" mechanical lift when transferring 1 of 4 residents (Resident #3). Findings included: Resident #3 was admitted to the facility on 07/19/21. Diagnoses included fracture of left femur, vascular dementia, glaucoma, and difficulty in walking. The Minimum Data Set significant change assessment dated 11/23/21 revealed Resident #3 was severely cognitively impaired, demonstrated no behaviors, and required extensive assistance with two staff physical assistance with bed transfers and was impaired on one side to her lower extremity. A review of Resident #3 ' s care plan dated 11/23/21 revealed a plan of care was in place for self-care deficit related to weakness, dementia and fall with left hip fracture. Interventions included, in part, sit to stand lift.	F 656	F 656 Development/Implement Comprehensive Care Plan Resident #3 suffered no harm as a result of the sit to stand lift not being utilized per the care plan. On 3/1/2022 resident was reevaluated by Physical Therapy and has been upgraded to a 1 person assist. To identify other residents that have the potential to be affected, an audit of current residents with orders for sit to stand/hoyer lift was performed by the MDS nurse on 3/10/2022 to validate that orders were accurate and on the care plan. No negative findings were noted.	

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F 656	Continued From page 2 A review of Resident #3 ' s Kardex (a record generated from the comprehensive care plan to view how residents were transferred) updated on 11/23/21 revealed Resident #3 required a sit to stand mechanical lift for all transfers. A physician ' s order written on 11/23/21 revealed use sit to stand lift for all transfers. An employee acknowledgment for resident handling and proper body mechanics in service was provided for Personal Care Assistant (PCA) #1 dated 02/03/22. The acknowledgment confirmed PCA #1 had been in serviced on how to transfer a resident with the sit to stand mechanical lift. An interview with Personal Care Assistant (PCA) #1 via phone on 02/24/21 at 2:11 PM revealed she was a PCA in training to be a Nurse Aid (NA) and started on 02/03/22. She reported she was oriented to the residents with a Nurse Aid and assisted the NAs with resident care. The PCA stated she was signed off on doing tasks by herself without having the NA in the room. The PCA stated she received training regarding transferring residents with a mechanical lift and knew the difference between a total lift and a sit to stand lift. PCA #1 stated she was more familiar with the total lift machine but kind of forgot how to use a sit to stand lift. She stated if she was unsure how to transfer a resident she would ask a nurse or nurse aid. PCA #1 stated she transferred Resident #3 with a gait belt and added that Resident #3 would stand up for her and then she would lower the resident ' s bed and transfer the resident to the bed from the wheelchair. PCA #1 stated she did not know	F 656	To prevent this from recurring, the Director of Nursing reeducated all clinical staff on how to access the kardex and the expectation that it should be checked daily and as needed. The Director of Nursing/designee reeducated the Certified Nursing Assistants/Patient Care Techs on how to use the sit to stand/hoyer lift. This was validated by return demonstration. The education was completed on 3/10/2022. Any clinical staff that cannot be reached within the initial reeducation time frame will not take an assignment until they have received this reeducation by the Director of Nursing/ designee. Agency staff and newly hired clinical staff will have this education during their orientation period by the Director of Nursing/designee. To monitor and maintain ongoing compliance the Director of Nursing/designee will monitor new orders for sit to stand/hoyer lift are present on the kardex and the care plan is updated. This will be validated 5x weekly in the clinical morning meeting.	

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F 656	Continued From page 3 Resident #3 needed to be transferred with a sit to stand lift because no one told her. PCA #1 stated she did not ask anyone and was not aware of a Kardex and stated that someone was going to give her access to the point of care system but she never got the access. An interview was conducted with Nurse #3 via phone 02/25/21 at 1:30 PM. Nurse #3 stated all PCAs and NAs had access to the point of care system. Nurse #3 added that Resident #3 was to be transferred with a sit to stand lift as indicated on the Kardex in the point of care system due to her weakness and a hip fracture that occurred back in November 2021. Nurse #3 stated PCA #1 had never asked Nurse #3 how Resident #3 was to be transferred. An interview was conducted with the interim Director of Nursing (DON) on 02/24/21 at 4:00 PM. The DON stated when he came to the facility he made sure everyone had access to the point of care system. The DON stated all staff upon hiring are given Point Click Care access and they are brought to the computer and shown how to access point of care to complete their documentation with a return demonstration. The DON stated PCA #1 demonstrated she knew how to get on to the computer system to review the Kardex and complete her documentation. The DON reported it was his expectation that the nursing staff implement the interventions that were put in place on the care plan to transfer Resident #3 with the sit to stand lift. He stated that intervention was put in place to prevent the resident from having falls and expected the care plan to be followed.	F 656	The Director of Nursing/designee will observe 3 residents daily 5x weekly for 4 weeks, then 10 residents weekly for 8 weeks to ensure the residents are transferred in a safe manner. The Director of Nursing/designee will report the results of the monitoring to the QAPI committee for review and recommendations for the time frame of the monitoring period or as it is amended by the committee.	